

Name
in
Full

Harrison Benson

CERTIFICATE OF DEATH

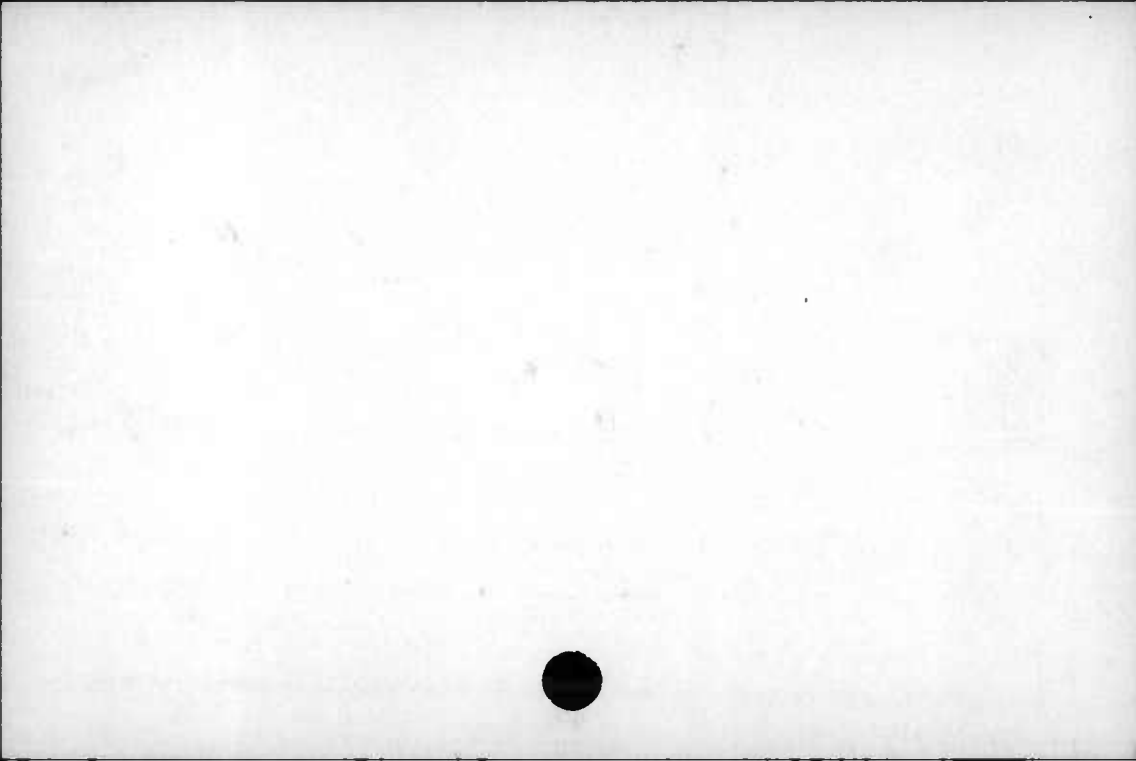
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Centreville		^{County} Queen Anne		MARYLAND	
Date of death	1907	Month	June	Day	24
Age		Years		Months	Days
9					
Sex	Male	Color or Race	Black	Birth-place	Queen Anne
Occupation	None		Where Residing if not at place of death		
		at Place of Birth			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Harrison Benson		Father's Birthplace	Q.A.Co.	
Mother's Maiden Name	Eliza Murray		Mother's Birthplace	Q.A.Co.	
Name of person giving information	Eliza Murray		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	1 year
Immediate	Exhaustion	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. F. Smith M.D.
		Address	Centreville Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

James Berryman

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Centreville ^{County} Queen Anne

MARYLAND

Date of death 1907 ^{Month} June ^{Day} 29 ^{Years} Age 49 ^{Months} ^{Days}

Sex Male, Color or Race Colored, Birth-place Queen Anne Co.

Occupation Laborer Where Residing if not at place of death

~~Married, Single~~
☒ Widowed Name of Wife or Husband

Father's Name Rinden Berryman Father's Birthplace Queen Anne Co.

Mother's Maiden Name Don't know Mother's Birthplace Don't know

Name of person giving information Charles Berryman How related to deceased Son.

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Valvular disease of heart How long Don't know

Immediate Exhaustion How long 2 months

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. F. Smith M.D.

Address Centreville Md.

Accident or Suicide?



Name
in
Full

Cain

CERTIFICATE OF DEATH

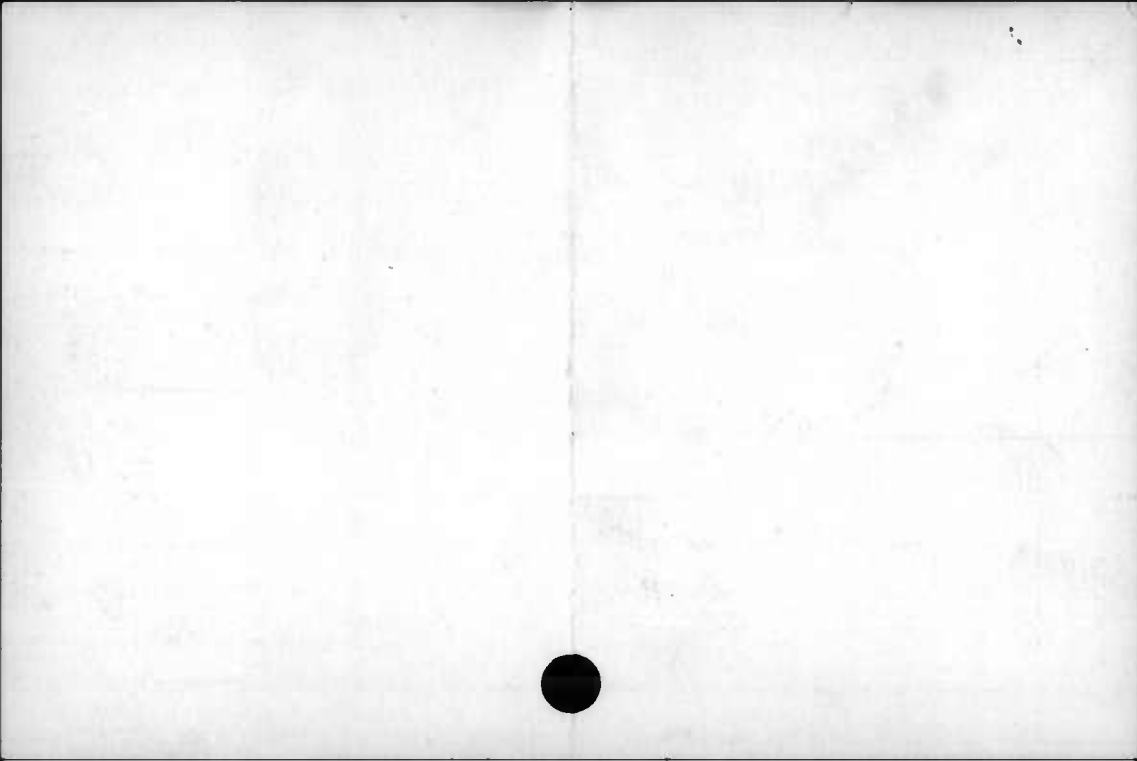
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bardley</i> Town		<i>Turner</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>14</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>ed</i>		Birth-place <i>Ind</i>	
Occupation <i>—</i>			Where Reading if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Levi Cain</i>		<i>(S)</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Mary Sudbr</i>		<i>—</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Mary Cain</i>		<i>—</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	<i>(S)</i>	How long	<i>—</i>
Immediate			How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wesley Sudbr</i>		
		Address <i>Sudbroville</i>		
Accident or Suicide?		<i>Ind</i>		



Name
in
Full

CERTIFICATE OF DEATH

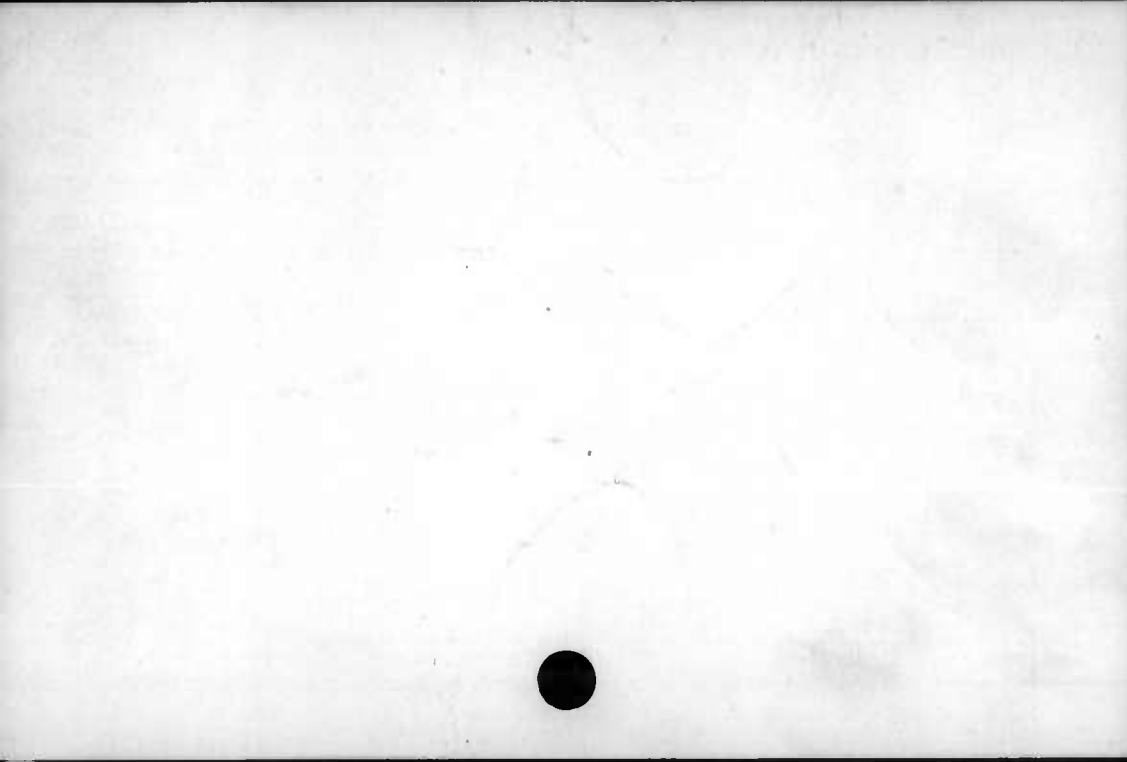
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stevensville</i> ^{Town} <i>Queen Annes</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>25</i>	Age <i>80</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Kent Island</i>	Months <i>6</i> Days <i>21</i>
Occupation <i>Carrriage Maker</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary L. Carner</i>		
Father's Name <i>Arthur C. Carter</i>	Father's Birthplace <i>Queen Annes</i>		
Mother's Maiden Name <i>Mary Ann Tolson</i>	Mother's Birthplace <i>Kent Island</i>		
Name of person giving information <i>Arthur B. Carter</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>178</i>	How long
Immediate <i>Syncope</i>		How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Leung H. Henry</i>	
	Address <i>Stevensville Md</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

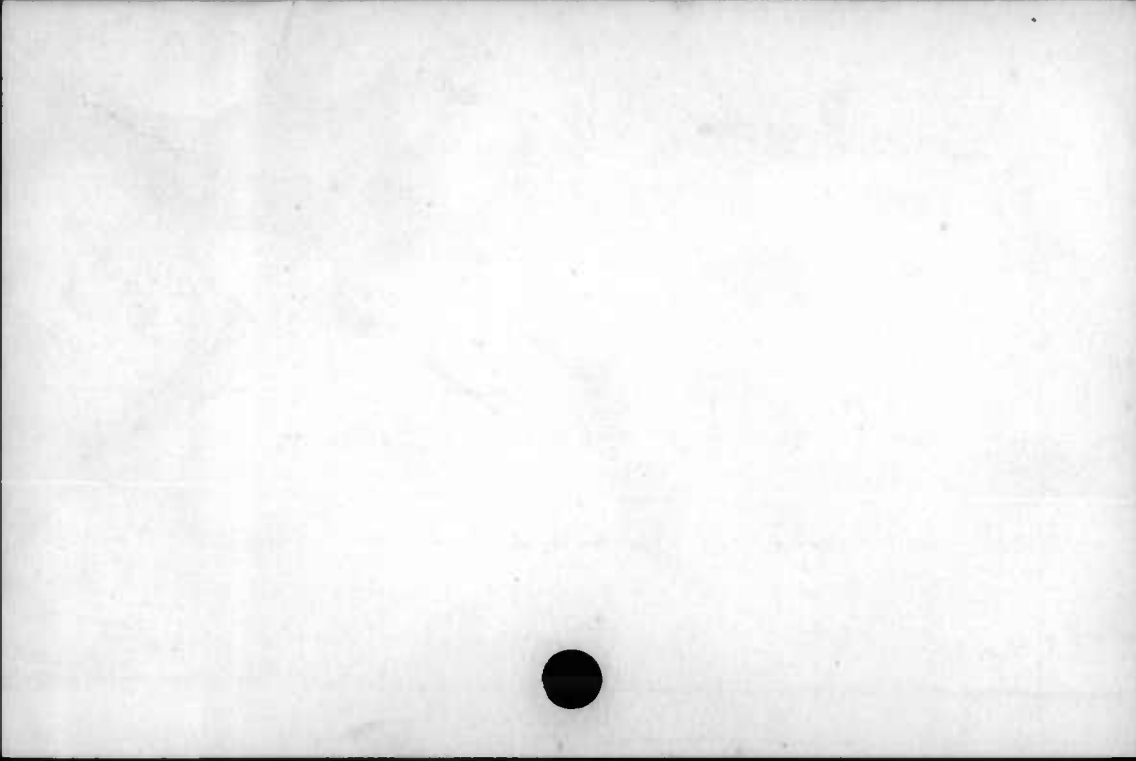
Name <i>John Frederick Carter</i>		Town <i>Kent Island</i>		County <i>L. a.</i>		MARYLAND	
Died at <i>Kent Island</i>		Date of death <i>1907</i>		Month <i>June</i>		Day <i>10th</i>	
Age <i>62</i>		Years <i>62</i>		Months <i>2</i>		Days <i>6</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Kent Island</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Kent Island</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Amanda Carter</i>					
Father's Name <i>Thomas Carter</i>		Father's Birthplace <i>Kent Island</i>					
Mother's Maiden Name <i>Mary Cockey</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>J. F. Carter</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary <i>Cyptitis & Enlarged Prostate</i>	How long <i>5 yrs</i>
Immediate <i>Complications & Exhaustion</i>	How long <i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. K. [unclear]</i>
	Address <i>Stevensville</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Oldson C. Clough

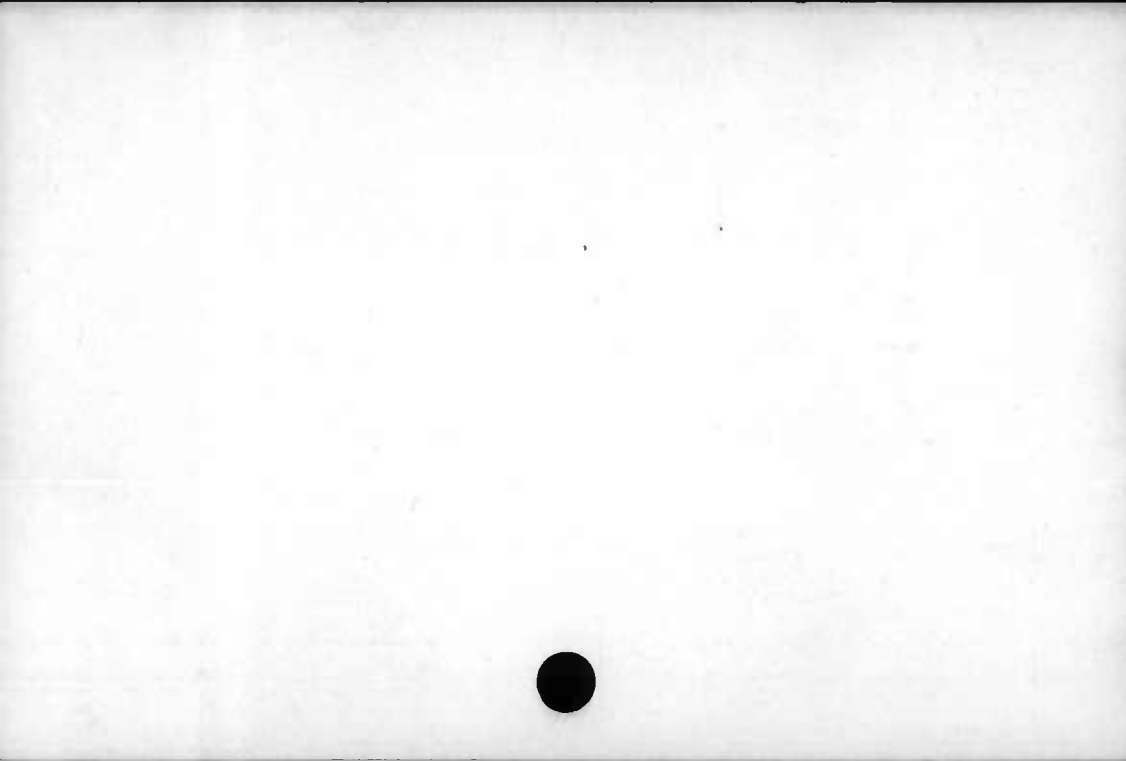
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Morsebrookville		Jensen		Huron Co		MARYLAND	
Date of death	1907	Month	June	Day	4	Years	14
Sex		Color or Race		Birthplace		Months	
Male		White		Jensen Huron Co		24	
Occupation		Where Residing if not at place of death					
Student							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Noah Clough		Jensen Huron Co					
Mother's Maiden Name		Mother's Birthplace					
Jennie Agoston		Jensen Huron Co					
Name of person giving information		How related to deceased					
Noah Clough		Father					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Exhaustion	5 wks
	Immediate	1 hour -
	Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician		Address
Dr. M. S. Dudley		Chorck Hill
		Jensen Huron Co Mich
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alfred Davis

Died at *Brown Corner* ^{Town} *Queen Anne's* ^{County} **MARYLAND**

Date of death **1907** ^{Month} *June* ^{Day} *29th* ^{Age} *13* ^{Years} *13* ^{Months} *13* ^{Days} *13*

Sex *Male* Color or Race *White* Birth-place *Queen Anne's Co*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *None* Name of Wife or Husband

Father's Name *Wm J Davis* Father's Birthplace *Queen Anne's Co*

Mother's Maiden Name *Mary Freeman* Mother's Birthplace *Queen Anne's Co*

Name of person giving information *Wm J Davis* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Exhaustion* **(151)** How long *5 to 6*

Immediate *Exhaustion* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. N. S. Dudley*

Address *Queen Anne's Co Maryland*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

Thomas Gafford

Town

County

MARYLAND

Died at

near Greenup

Queen Anne

Date

Month

Day

Years

Months

Days

of death

1904

June

20

Age

63

Sex

Male

Color or
Race

Colored

Birth-
place

Queen Anne's Co

Occupation

Farmer laborer

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Unknown

Father's
Name

Jacob Gafford

Father's
Birthplace

Maryland

Mother's
Maiden Name

Ellie

Mother's
Birthplace

Washington

Name of person giving
In formation

Aaron Spencer

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

General Debility

How long

179

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

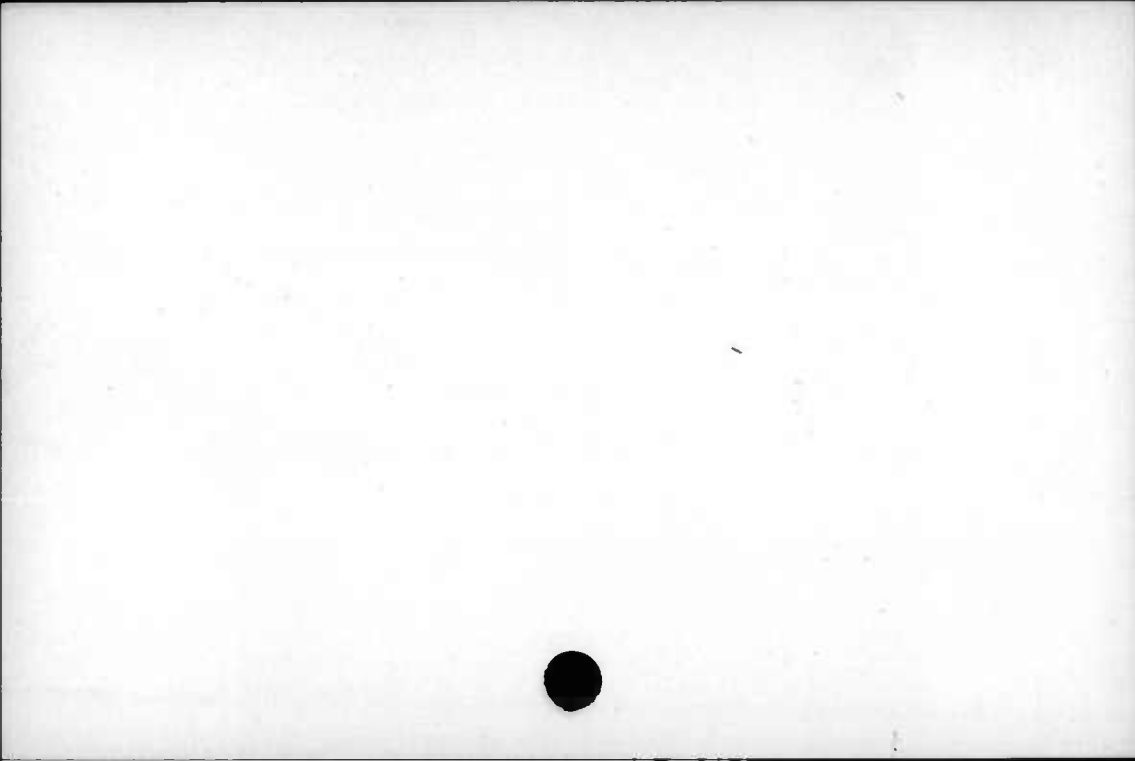
Address

*L. P. Gorman MD
Millington
Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Catherine A. Glandring</i>		Town <i>Kent Island</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Kent Island</i>		Month <i>6</i>		Day <i>25</i>		Years <i>77</i>	
Date of death <i>1907</i>		Month <i>6</i>		Day <i>25</i>		Years <i>77</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>		Months <i>10</i>	
Occupation <i>Soldy</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jas. H. Glandring</i>					
Father's Name <i>Chas. C. Glandring</i>		Father's Birthplace <i>Englaged</i>					
Mother's Maiden Name <i>Elizabeth Glandring</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Martina J. Gillespie</i>		How related to deceased					

CAUSES OF DEATH

145

PHYSICIAN
OR CORONER

Primary <i>Elephantiasis Tempthysema</i>	How long <i>1 year</i>
Immediate <i>General Atheria</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. Chas. E. Snyder</i>
	Address <i>Stearnsville Md.</i>
Accident or Suicide?	

Volunteer Tent Service

No

W. H. Sullivan
Bureau

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Francis Hackett

Town *Near Barclay* County *Anne* MARYLAND

Died at *Near Barclay* *Anne*

Date of death *1907* Month *6* Day *27* Age *62* Years Months *-* Days *-*

Sex *Female* Color or Race *Black* Birth-place *Md.*

Occupation *House work* Where Residing if not at place of death *-*

Married, Single or Widowed *Widow* Name of Wife or Husband *William Hackett*

Father's Name *Jacob Fox* Father's Birthplace *Md.*

Mother's Maiden Name *Mary Anne Brown* Mother's Birthplace *Md.*

Name of person giving information *Charles S. Hackett* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Valvular heart disease* How long *79*

Immediate

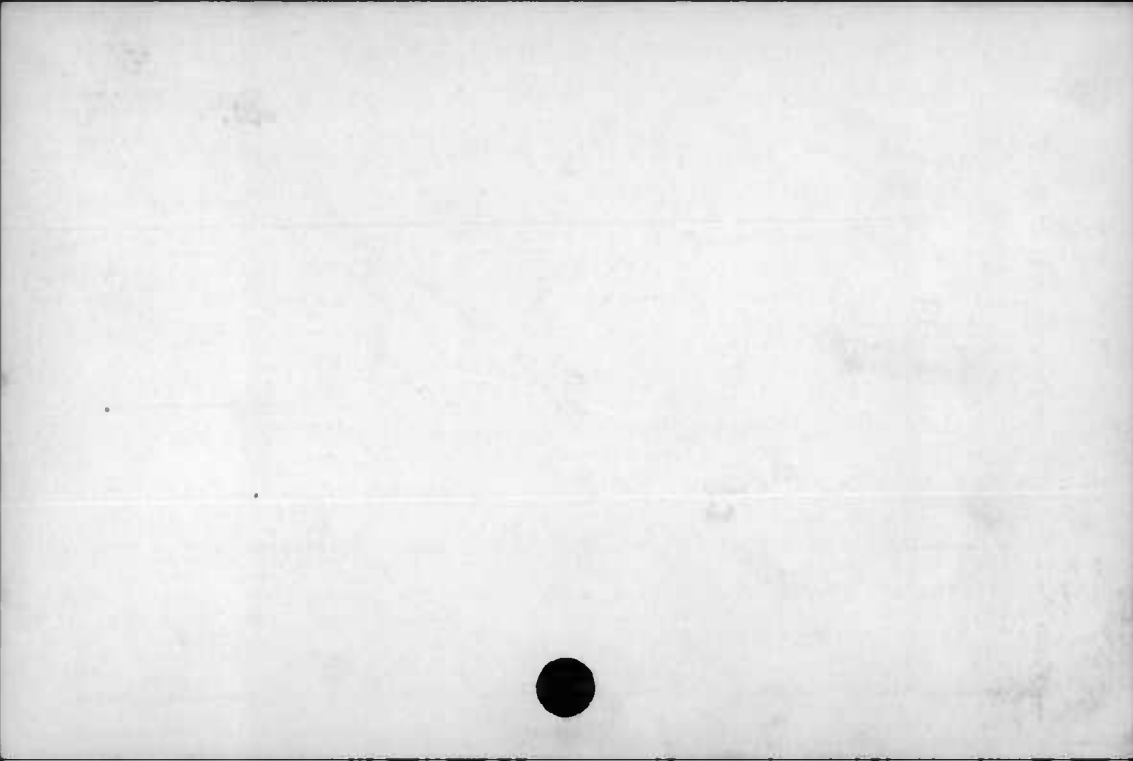
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. R. Smith, Fimpleville, Md.*

St. Paulkner Ave.

Coroner

Accident or Suicide?



Name
in
Full

Mrs. Elizabeth - Jackson

CERTIFICATE OF DEATH

Died at <i>Smithville</i> ^{Town}		<i>Turner</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>6</i>	Day <i>28</i>	Age <i>76</i>	Months Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Delaware</i>		
Occupation <i>Widow</i>		Where Residing if not at place of death <i>Ind</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Jackson</i>			
Father's Name <i>Thomas Phillips</i>		Father's Birthplace <i>Delaware</i>			
Mother's Maiden Name <i>Nellie, Thompson</i>		Mother's Birthplace <i>Delaware</i>			
Name of person giving information <i>John Solloway</i>		How related to deceased <i>Grand Son in law</i>			

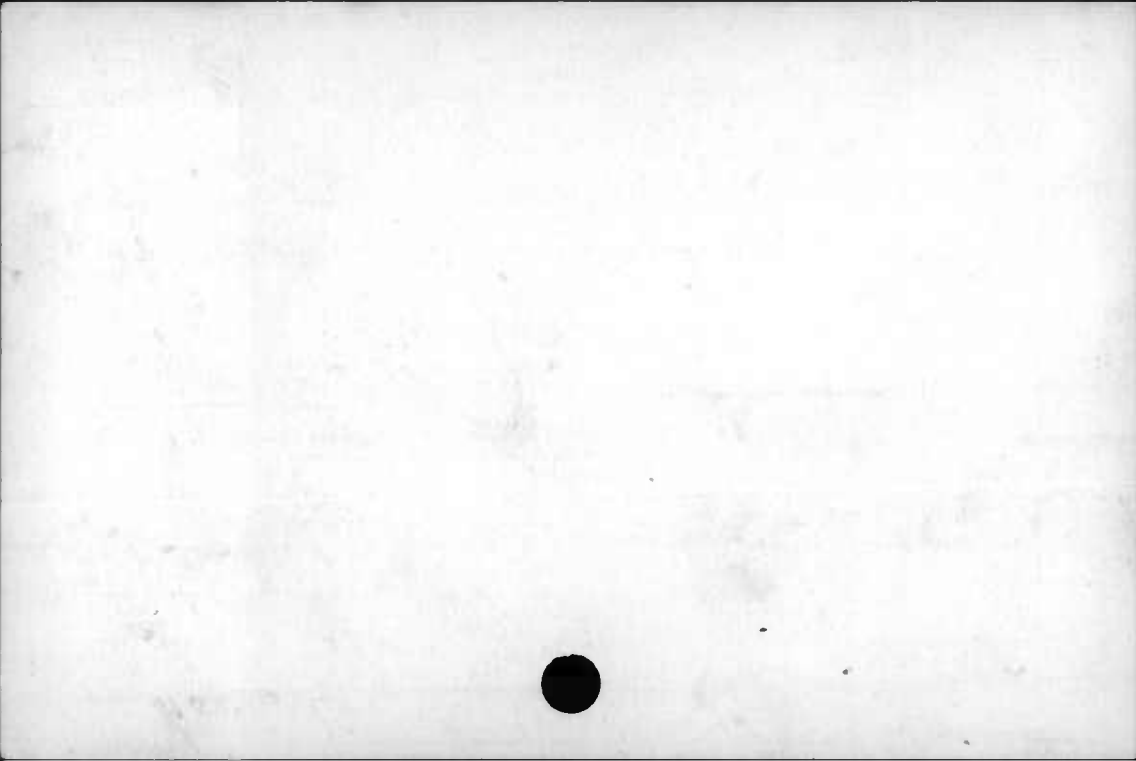
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

(27)

Primary <i>Tuberculosis of Lungs</i>	How long <i>Ten Years</i>
Immediate <i>Exhaustion & debility</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Walter Sudds</i>
	Address <i>Smithville Ind</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Hildes Johnson</i>		County <i>Queen Anne's</i>		State <i>MARYLAND</i>	
Died <i>near B a clay</i>		Town <i>Queen Anne's</i>		City <i>Queen Anne's</i>	
Date of death	190 <i>7</i>	Month <i>June</i>	Day <i>2</i>	Age <i>2</i>	Years <i>4</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth place <i>L. A. C. Ind.</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>At place of birth</i>				
Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Nathaniel Johnson</i>	Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>Maypie Cairns</i>	Mother's Birthplace <i>L. A. C. Ind.</i>				
Name of person giving information <i>Nathaniel Johnson</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>3 weeks</i>
Immediate <i>Dropsy</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. G. Copping</i>
	Address <i>Church Hill Ind.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Harry Scott Morris

CERTIFICATE OF DEATH

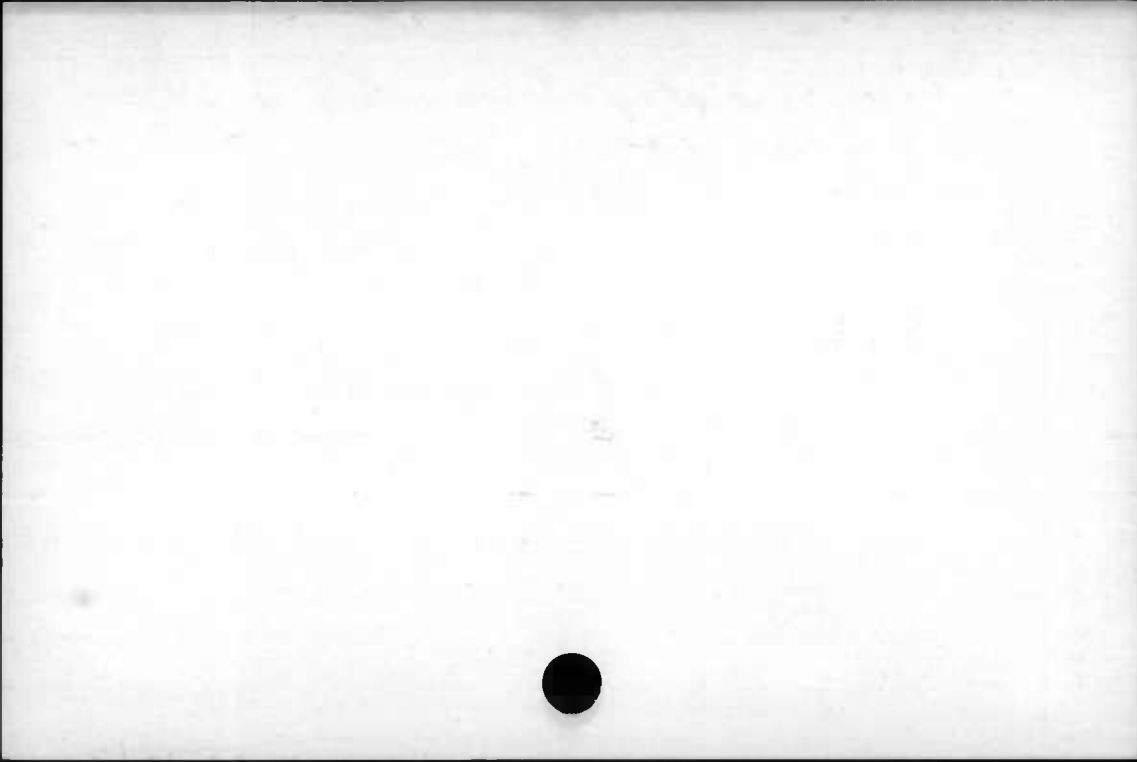
Died at ^{Town} Centerville^{County} Queen Anne

MARYLAND

Date of death 1907 ^{Month} 6 ^{Day} 12 ^{Age} 23 ^{Years} ^{Months} 3 ^{Days} 4Sex Male ^{Color or Race} American ^{Birth-place} SasafasOccupation Painter ^{Where Residing if not at place of death}Married, Single or Widowed Single ^{Name of Wife or Husband}Father's Name Le. K. Morris ^{Father's Birthplace} SasafasMother's Maiden Name Martha N. Higgins ^{Mother's Birthplace} Queen Anne CoName of person giving information Mrs Harry Powell ^{How related to deceased} Sister

CAUSES OF DEATH

Primary Tuberculosis (27) ^{How long} 2 1/2 yrsImmediate Exhaustion ^{How long} 2 daysAre the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} J. M. O'Connell M.D.^{Address} CentervilleAccident or Suicide? No ^{Signature} J. A. O'ConnellTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ruby Nickerson

CERTIFICATE OF DEATH

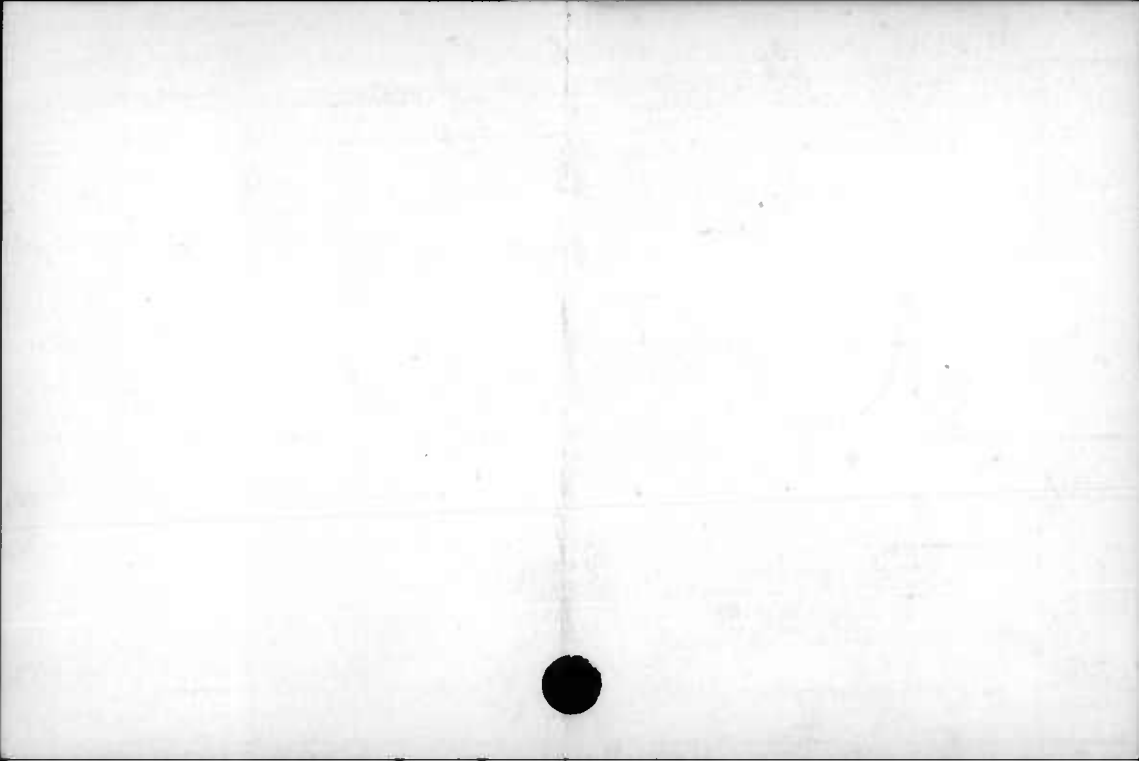
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Barclay</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>18th</i>	Years <i>10</i>	Months <i>7</i>	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Barclay</i>		
Occupation			Where Residing if not at place of death <i>near Barclay</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Nickerson</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Kathrine Thompson</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>John Nickerson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	(116)	How long <i>Four days</i>
Immediate <i>"</i>		How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Walter Suck</i>	Address <i>Sussexville Ind</i>
Accident or Suicide?		



CERTIFICATE OF DEATH



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

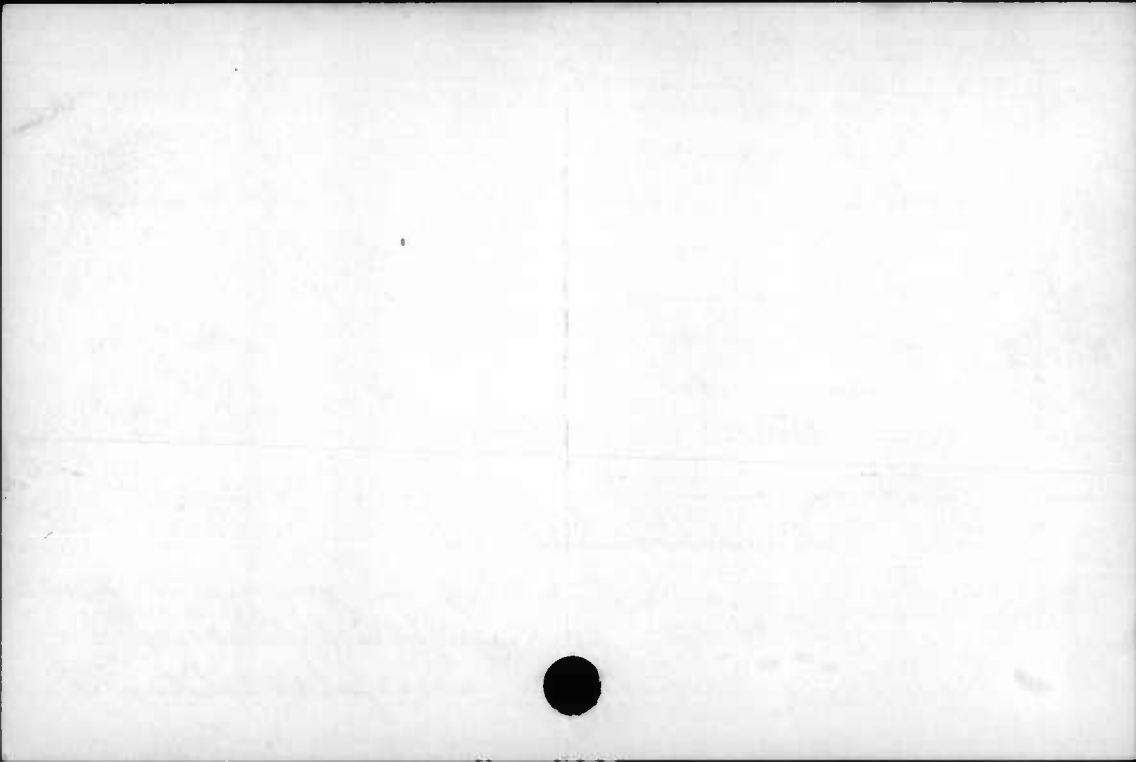
Died at <i>Ruthsburg</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>June</i> Day <i>12</i> Age <i>27</i> Years		Months		Days	
Sex <i>Male</i>	Color or Race <i>Negro</i>	Birth-place <i>Ind</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Ruthsburg</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary L. Pinder</i>				
Father's Name <i>Steven H. Pinder</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>John H. Trueson</i>		How related to deceased <i>Brother-in-law</i>			

CAUSES OF DEATH

35

PHYSICIAN
OR CORONER

Primary <i>Scrofulous Diathesis</i>	How long <i>8 years</i>
Immediate <i>Heart failure</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. Rickard</i>
	Address <i>Ridgely, Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

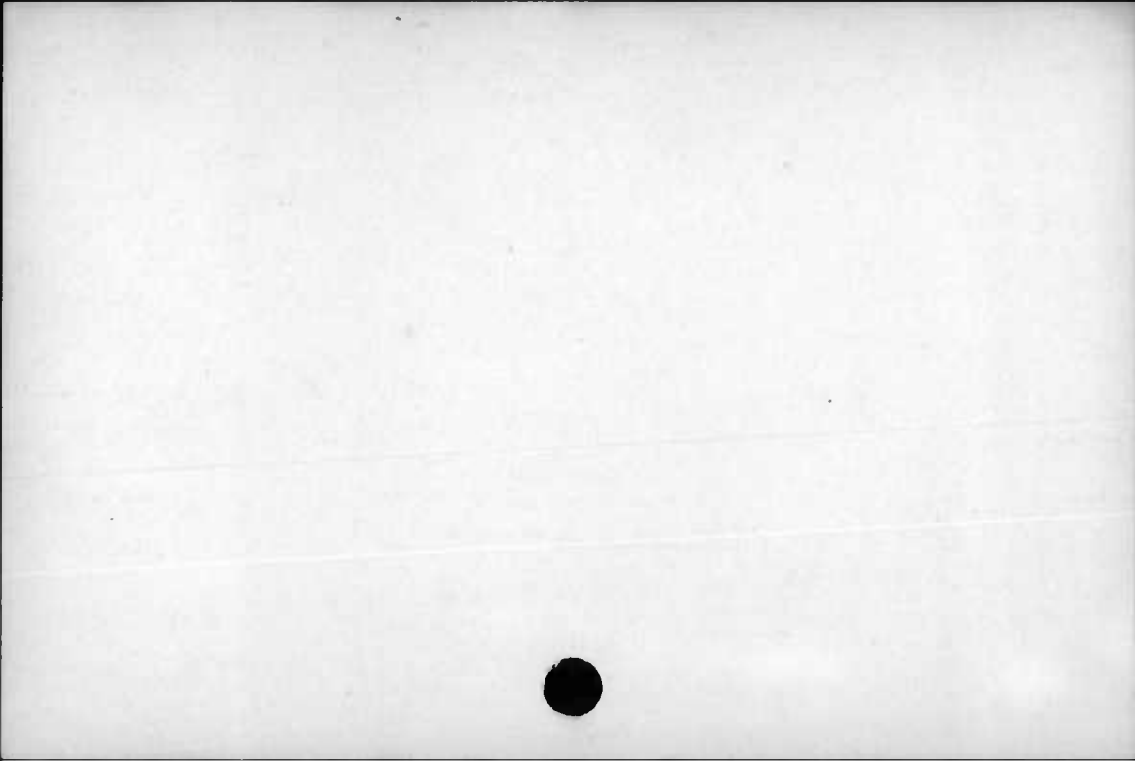
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Bryan Seward</i>		Town <i>Mar Timpliville</i>		County <i>Linn</i>		State <i>ANNIS</i>	
Died at <i>Mar Timpliville</i>		Month <i>6</i>		Day <i>20</i>		Years <i>3</i>	
Date of death <i>1907</i>		Age <i>6</i>		Months <i>3</i>		Days <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Linn Annis Co.</i>			
Occupation <i>-</i>		Where Residing If not at place of death <i>-</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>James Seward</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Katie Quilley</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>James Seward</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>151</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Smith, M. D.</i>
	Address <i>Timpliville Ind</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Elizabeth Shelton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sudlersville		County Green Anne Co.		MARYLAND	
Date of death		1907	Month 6	Day 24	Age 77	Years	Months Days
Sex Female		Color or Race White		Birth- place England			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband Unknown - Shelton					
Father's Name James Poole		Father's Birthplace England					
Mother's Maiden Name Unknown		Mother's Birthplace England					
Name of person giving In formation Daughter		How related to deceased					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Infirmities of advanced age	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Gosby Sadler
		Address Sudlersville Md
Accident or Suicide?		

Burial at Dulaney, Del.

Name
in
Full

Thomas Eareckson Skinner

CERTIFICATE OF DEATH

Town

County

Died at

Stevensville

Queen Annes

MARYLAND

Date

of death

1907

Month

June

Day

27

Age

Years

36

Months

7

Days

20

Sex

Male

Color or
Race

White

Birth-
place

Queen Anns, Co. Md

Occupation

Book-Keeping

Where Residing if not
at place of death

Md

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Emory S. Skinner

Father's
Birthplace

Queen Anns Md

Mother's
Maiden Name

Sallie E. Tolson

Mother's
Birthplace

"

Name of person giving
Information

The Father

How related
to deceased

Father

CAUSES OF DEATH

Primary

Diabetes Mellitus (50)

How long

8 years,

Immediate

Carbuncles & Blood poisoning

How long

10 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Clarence Kemp

Address

Stevensville, Md.

Accident, or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Katherine E. Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

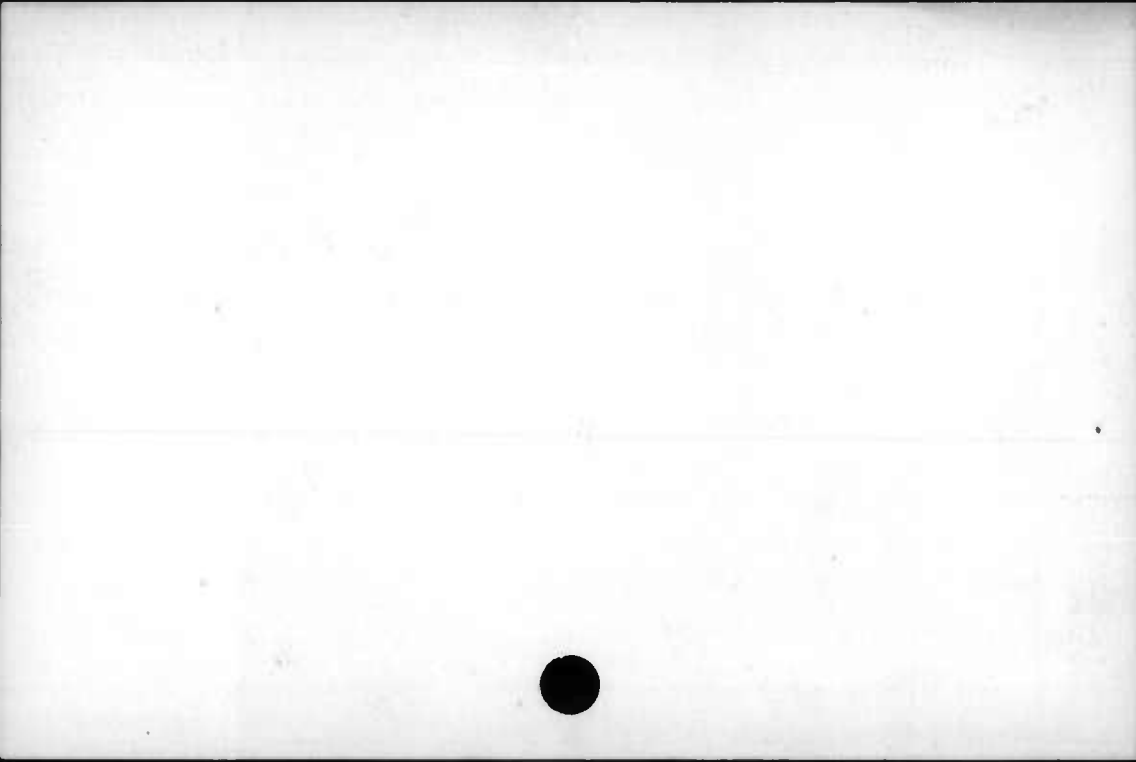
Died at <i>Stevensville</i> ^{Town}		<i>Q-a.</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>June</i> ^{Day}	<i>30</i> ^{Years}	<i>38</i> ^{Months}	<i></i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Kent Isl., Md.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Kent Island Md.</i>		
Married, Single or Widowed	Name of Wife or Husband		<i>Wm. J. Stevens</i>		
Father's Name	<i>Peter Cockey</i>		Father's Birthplace <i>Kent Isl., Md.</i>		
Mother's Maiden Name	<i>Mollie Elliott</i>		Mother's Birthplace " " "		
Name of person giving information	<i>H. A. Legg</i>		How related to deceased <i>none</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular Disease of Heart</i>	How long	<i>8 years</i>
Immediate	<i>Paralysis</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Percy Kemp</i>	
		Address <i>Stevensville, Md.</i>	
Accident or Suicide? <i></i>			



Name
in
Full

CERTIFICATE OF DEATH

Harrie Thomas

Town

County

Died

Ken Church Hill

Queen Anne's

MARYLAND

Date

of death 190

Month

7 June

Day

16

Age

Years

97

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Easton Md

Occupation

Laborer

Where Residing if not
at place of death

At place of death

Widowed

Widowed

Name of Wife or
Husband

Caroline Thomas

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Name of person giving
Information

Annie Foyles

How related
to deceased

Sister

CAUSES OF DEATH

97

Primary

Estomach old age

How long

4 months

Immediate

Heart Disease

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. L. Carpenter

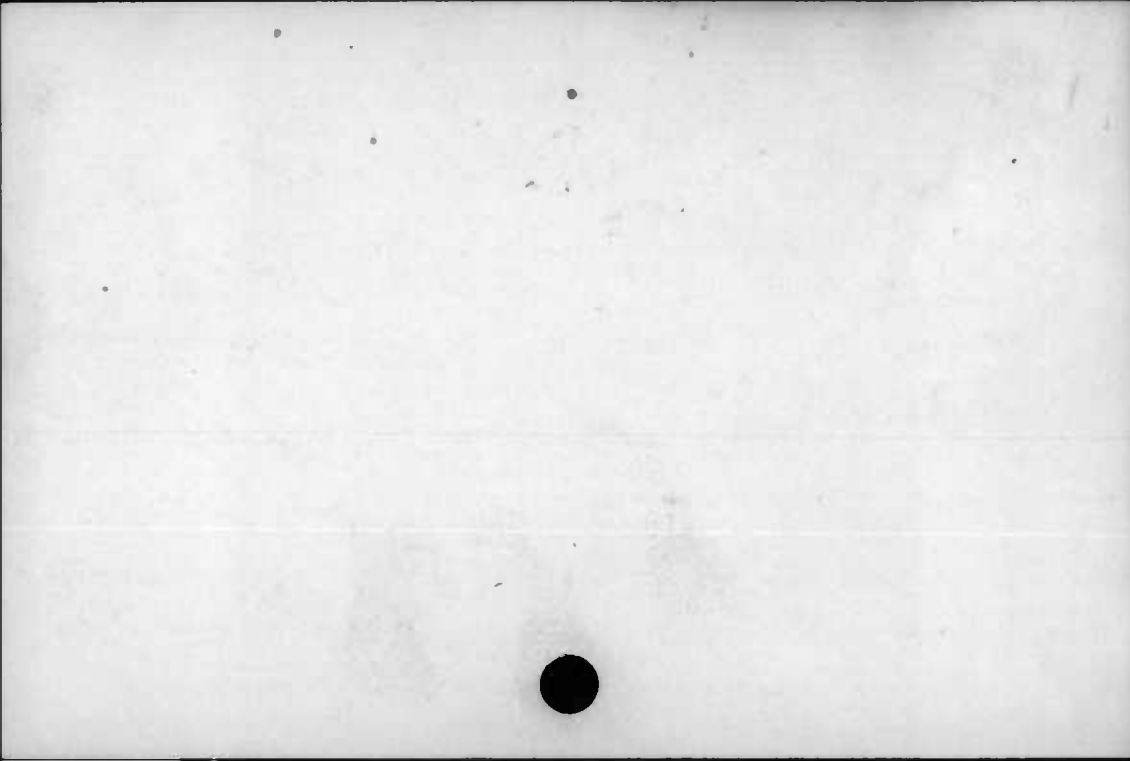
Address

Church Hill

PHYSICIAN
OR CORONER

Accident or Suicide?

Ind



Name
in
Full

CERTIFICATE OF DEATH

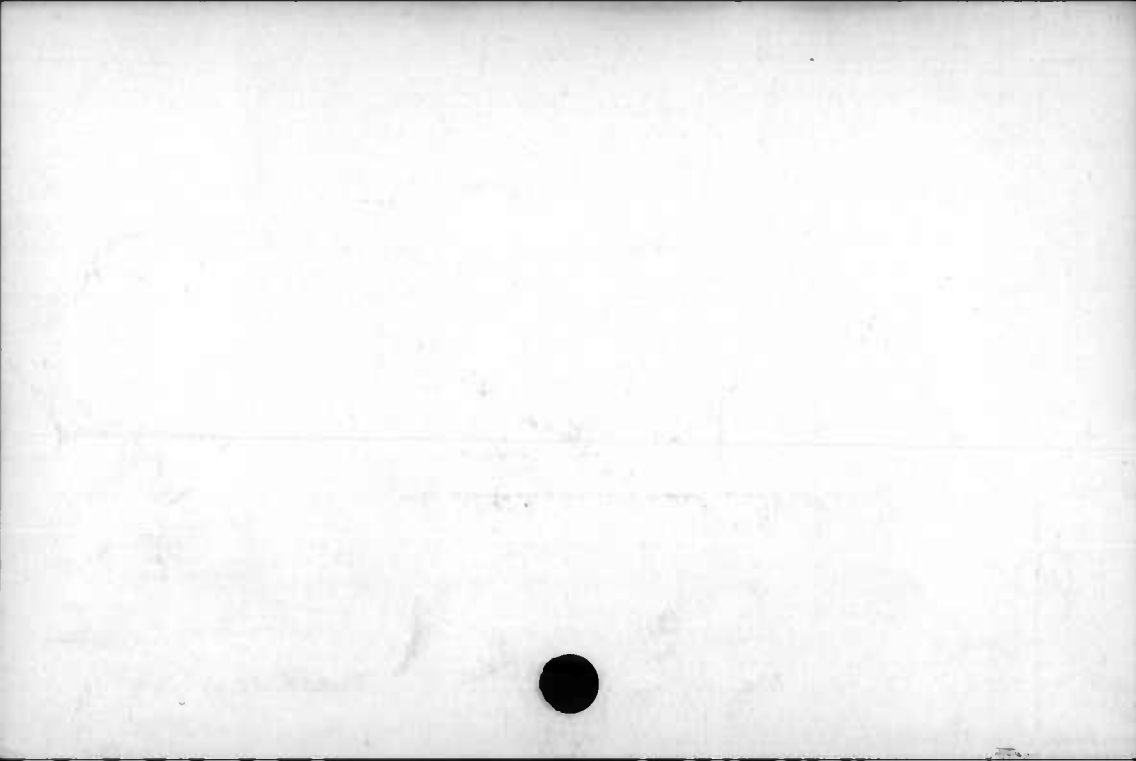
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chester</u> Town		<u>Q-a.</u> County		MARYLAND	
Date of death	1907	Month	June	Day	20
Sex	male	Color or Race	Black	Age	10
Occupation	Infant		Birth-place	Kent Bland	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Jacob Birden Weeks		Father's Birthplace	
Mother's Maiden Name		Emma Katie White		Kent Bland	
Name of person giving information		Jacob Birden Weeks		Mother's Birthplace	
				How related to deceased	
				father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	(151)	How long	4 mo
Immediate	Convulsions		How long	24 hrs.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Percy Kemp
			Address	Stevensville, Md.
Accident or Suicide?				



Name
in
Full

Eveline L Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Summerton</u> ^{Town}		<u>Queen Anne Co</u> ^{County}		MARYLAND	
Date of death	1907	Month	June	Day	25
Age	1	Years	8	Months	—
Sex	Female	Color or Race	White	Birth-place	Queen Anne Co
Occupation	none		Where Residing if not at place of death At home		
Married, Single or Widowed	child	Name of Wife or Husband			
Father's Name	Unknown			Father's Birthplace	
Mother's Maiden Name	Aemmie Williamson			Mother's Birthplace Summerton Md	
Name of person giving information	John A. Williamson			How related to deceased Grandfather	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enteritis</u>	How long	<u>2 days</u>
Immediate	<u>Hypertension & Convulsions</u>	How long	<u>10 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Y</u>	Signature of Physician	<u>J P Gowman M D,</u>
		Address	<u>Mullington</u>
			<u>Md</u>
Accident or Suicide?	<u>—</u>		

